

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90166 045 \*\*\*150.00

NA02700 AN

**DOCUMENT # P01000118941**

1. Entity Name  
**BICKEL MANAGEMENT, INC.**



Principal Place of Business  
**401 E. LINTON BLVD., APT. 378  
DELRAY BCH FL 33483**

Mailing Address  
**401 E. LINTON BLVD., APT. 378  
DELRAY BCH FL 33483**



2. Principal Place of Business  
**6700 Gulf of Mexico Drive**

3. Mailing Address  
**6700 Gulf of Mexico Drive**

Suite, Apt. #, etc.  
**#117, Whitney Beach**

Suite, Apt. #, etc.  
**#117, Whitney Beach**

City & State  
**Longboat Key, FL**

City & State  
**Longboat Key, FL**

Zip  
**34228**

Country  
**USA**

Zip  
**34228**

Country  
**USA**

4. FEI Number **30-0030963**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**BICKEL, MEDINA L  
401 E. LINTON BLVD., APT. 378  
DELRAY BCH FL 33483**

**7. Name and Address of New Registered Agent**

Name  
**NANCY JONES**  
Street Address (P.O. Box Number is Not Acceptable)  
**6700 GULF OF MEXICO DRIVE,  
#117, WHITNEY BEACH**  
City  
**LONGBOAT KEY, FL** Zip Code  
**34228**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Nancy Jones  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/23/03  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D	<input type="checkbox"/> Delete
NAME	<b>BICKEL, MEDINA L</b>	
STREET ADDRESS	<b>401 E. LINTON BLVD., APT. 378</b>	
CITY-ST-ZIP	<b>DELRAY BCH FL 33483</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>JONES, NANCY</b>	
STREET ADDRESS	<b>401 E. LINTON BLVD., APT. 378</b>	
CITY-ST-ZIP	<b>DELRAY BCH FL 33483</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>THOMAS, MARILYN L</b>	
STREET ADDRESS	<b>401 E. LINTON BLVD., APT. 378</b>	
CITY-ST-ZIP	<b>DELRAY BCH FL 33483</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BICKEL, MEDINA L</b>	
STREET ADDRESS	<b>6700 GULF OF MEXICO DRIVE, #117</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY, FL 34228</b>	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JONES, NANCY</b>	
STREET ADDRESS	<b>6700 GULF OF MEXICO DRIVE, #117</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY, 34228</b>	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMAS, MARILYN L.</b>	
STREET ADDRESS	<b>6700 GULF OF MEXICO DRIVE, #117</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY, FL 34228</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Nancy Jones  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/03

CR2E034 (10/02)